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JUL 09 2007

USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: July 9, 2007
Pages: 18 pages (including this cover sheet)

MESSAGE:

COMPILED METHOD AND STORAGE MEDIUM THEREFOR
Application No. 10/063,958
Examiner C. Kendall
Art Unit 2192

Amendment Transmittal
Petition and Fee for Extension of Time Petition
Completed Credit Card Payment Form
Amendment

JP920010018US1
(590.172)

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ERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. JP920010018US1
(590.172)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of : Koseki et al.
Serial No. : 10/063,958 Examiner : C. Kendall
Filed : May 29, 2002 Group Art Unit : 2192
For : COMPILING METHOD AND STORAGE MEDIUM THEREFOR

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

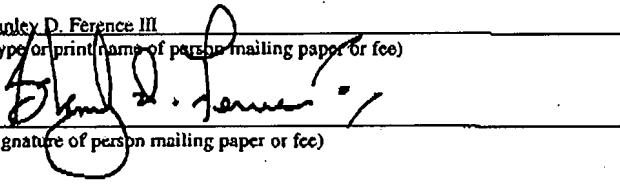
3. Small Entity status of this application has been established by a verified statement previously submitted.

4. A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on July 9, 2007 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

ERENCE & ASSOCIATES LLC
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(590.172)

5. Also enclosed: _____

6. No additional filing fee is required.

7. The filing fee has been calculated as shown below:

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Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
			RATE	FEE		RATE		FEE
Total Claims	17	** 17	= * 0	x	\$25	=	O	x
Ind. Claims	3	*** 3	= * 0	x	\$100	=	O	x
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$180	=	O	+
							R	\$360
							O	=
							TOTAL	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

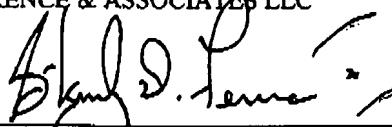
8. Applicant encloses herewith a check for \$_____ to cover the filing fee.

9. The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.

10. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

ERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: July 9, 2007

Mailing Address:

Customer No. 47049
ERENCE & ASSOCIATES LLC
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Pittsburgh, Pennsylvania 15143
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